

FORM C-AC

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

ATTN: DOCKETING DEPARTMENT

101 EXECUTIVE CENTER DRIVE

POST OFFICE DRAWER 11649

COLUMBIA, SOUTH CAROLINA 29211

Office # (803) 896-5100 - Fax # (803)-896-5199

CLASS C - CHARTER

DATE September 6, 2005

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND
NECESSITY FOR OPERATION OF MOTOR VEHICLE CARRIER

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

Charleston Transportation Leasing, LLC

2. (a) Street Address of Applicant 5840 Rivers Avenue; Suite 102

N. Charleston, SC 29405

(b) Mailing address, if different from street address P.O. Box 63523

N. Charleston, SC 29419

(c) Telephone Number (843) 554 0087 SS No. _____

3. If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of S.C., need S.C. Secretary of State "Foreign Corporation" Certificate.)

4. (a) If a partnership, names and addresses of all persons having an interest in the business. (b) If a corporation, names and addresses of two principal officers will be sufficient.

5. The proposed service to be provided and the proposed rates and charges for such service, per Exhibit "C" included herewith.

6. The proposed list of equipment is as per Exhibit "D" included herewith.

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2005-266-T

SC PUBLIC SERVICE
COMMISSION

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7. Applicant is financially able to furnish the services as specified in this Application, and submits the following statement of assets and liabilities.

ASSETS:

Cash	\$100,000
Real Estates and Buildings	
Accounts and Notes Receivable	
Power Equipment (Net of Depreciation)	
Garage & Office Equipment (Net of Depreciation)	
Other Assets	

TOTAL ASSETS \$100,000

LIABILITIES:

Accounts and Notes Payable	
Rents and Leases payable	
Mortgages Payable	
Debt on Power Equipment	
Other Liabilities	

TOTAL LIABILITIES \$ -0-

NET WORTH \$100,000

10. Applicant is familiar with the provision of S.C. Code Ann., §58-23-10, et seq. (1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol. 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

STATE OF SOUTH CAROLINA,]
COUNTY OF _____]

I, Tommy Lee, Manager
(Name of Applicant's Representative) (Title)

of Charleston Transportation Leasing, the Applicant for the Certificate of Public
(Applicant)

Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above Application are true and correct.

SWORN TO BEFORE ME

At _____]

This the 17 day of August 2005]

[Signature]
(Notary Public)

[Signature]
(Signature of Applicant's Representative)

EXHIBIT C

CLASS C

TAXI



CHARTER

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

Columbia, South Carolina

Applicant Charleston Transportation Leasing, LLC

For the transportation of passengers as follows:

Area to be served: Lowcountry Charleston, Berkeley, Dorchester

Number of passengers: 7 or less (taxicabs) per Deane Ball
8/19/05

Fares: Set by Charleston

CERTIFIED CORRECT

Date 8-17-05

Tommy Lee
By

Manager

Title

EXHIBIT D

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

DESCRIPTION OF EQUIPMENT

MAKE	MODEL & YEAR	SERIAL #	WEIGHT EMPTY	CARRYING CAPACITY *
------	-----------------	----------	-----------------	------------------------

Please see attached list.

* Seats if passenger carrier or tonnage if freight carrier.

Date: August 12, 2005

(Applicant)

(Applicant's Representative)

Manager

(Title)

INSURANCE QUOTE

N/A Self-Insured Certificate
Attached

The following insurance quote is for:

(Name of Motor Carrier)

(Address of Motor Carrier)

Amount of Premium:

Liability Insurance _____

Cargo Insurance _____

The above quoted premiums are for a term of _____ months.

(Insurance Company Name)

(Home Office Address of Company)

is familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

Date

(Authorized Insurance Company Representative)

AUG 02 2005

STATE OF SOUTH CAROLINA
SECRETARY OF STATE

Mark Hammond
SECRETARY OF STATE OF SOUTH CAROLINA
APPLICATION FOR A CERTIFICATE OF AUTHORITY
BY A FOREIGN LIMITED LIABILITY COMPANY
TO TRANSACT BUSINESS IN SOUTH CAROLINA

TYPE OR PRINT CLEARLY WITH BLACK INK

The following Foreign Limited Liability Company applies for a Certificate of Authority to Transact Business in South Carolina in accordance with Section 33-44-1002 of the 1976 South Carolina Code of Laws, as amended.

1. The name of the foreign limited liability which complies with Section 33-44-1005 of the 1976 South Carolina Code as amended is Charleston Transportation Leasing LLC
2. The name of the State or Country under whose law the company is organized is Nevada

3. The street address of the Limited Liability Company's principal office is

1275 Remount Road Suite 102

Street Address

North Charleston

SC

29406

City

State

Zip Code

4. The address of the Limited Liability Company's current designated office in South Carolina is

1275 Remount Road Suite 102

Street Address

North Charleston

SC

29406

City

State

Zip Code

5. The street address of the Limited Liability Company's initial agent for service of process in South Carolina is

132 Harbison Blvd Suite 301B

Street Address

Columbia

SC

29212

City

State

Zip Code

and the name of the Limited Liability Company's agent for service of process at the address is

Dallas D. Ball

Name

Dallas D. Ball
Signature

6. ☐ Check this box if the duration of the company is for a specified term, and if so, the period specified _____

050802-0104

FILED: 08/02/2006

CHARLESTON TRANSPORTATION LEASING, LLC

Filing Fee: \$110.00 ORIG



Mark Hammond

South Carolina Secretary of State

Charleston Transportation Leasing LLC
Name of Limited Liability Company

7. ☒ Check this box if the company is manager-managed. If so, list the names and business addresses of each manager

a. East Coast Management Company LLC

<u>1275 Remount Road Suite 101</u>		
Business Address		
<u>North Charleston</u>	<u>SC</u>	<u>29406</u>
City	State	Zip Code

b. _____

Name

Business Address

City	State	Zip Code
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8. ☐ Check this box if one or more members of the foreign limited liability company are to be liable for the company's debt and obligation under a provision similar to Section 33-44-303(c) of the 1976 South Carolina Code of Laws, as amended.

Date 26 JUL '05


Signature

Dallas Ball
Name

General Capacity
Capacity

FILING INSTRUCTIONS

1. This application must be accompanied by an original certificate of existence not more than 30 days old (or a record of similar import) authenticated by the Secretary of State or other official having custody of the Limited Liability Company records in the state or country under which it is organized.
2. File two copies of these articles, the original and either a duplicate original or a conformed copy.
3. If management of a limited liability company is vested in managers, a manager shall execute this form. If management of a limited liability company is reserved to the members, a member shall execute this form. Specify whether a member or manager is executing this form.
4. This form must be accompanied by the filing fee of \$110.00 payable to the Secretary of State.

Return to: Secretary of State
P.O. Box 11350
Columbia, SC 29211

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, DEAN HELLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **CHARLESTON TRANSPORTATION LEASING, LLC**, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since January 24, 2005, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on July 26, 2005.



Dean Heller

DEAN HELLER
Secretary of State

By

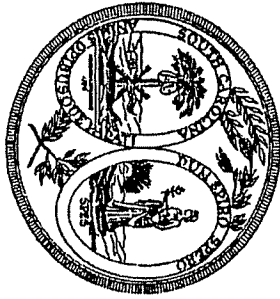
Stacey Kots
Certification Clerk

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P. 81

1)	1	TX10188	2FALP71W5TX132784	1996	FORD
2)	28	TX10264	2P4FP25B7WR756690	1998	PLYM
3)	65	TX11315	2FALP71W5TX129884	1996	FORD
4)		TX11316	2FALP71W0VX224839	1997	FORD
5)	103	TX11380	2FALP73W4RX171856	1994	FORD
6)	L-7	TX12263	1LNLM81W9RY622030	1994	LINC
7)	13	TX14400	2FALP71WX8161034	1995	FORD
8)	5	TX15753	2FALP71W4SX161062	1995	FORD
9)	33	TX15755	2FALP71W5RX193674	1994	FORD
10)	58	TX15759	2FALP71W4SX151518	1995	FORD
11)	SC06	TX15760	2FALP71W6TX151277	1996	FORD
12)	102	TX15763	2FALP71W6SX134803	1995	FORD
13)	46	TX15917	2FALP71W3VX226939	1997	FORD
14)	8	TX15927	2FALP71W9TX121626	1996	FORD
15)	104	TX15940	2FALP71W2TX130166	1996	FORD
16)	78	TX16758	2FACP71W6PX169445	1993	FORD
17)	98	TX17077	2FALP71W8SX183243	1995	FORD
18)	12	TX17082	2FALP71WXTX121666	1996	FORD
19)	11	TX17085	2FALP71W4RX193679	1994	FORD
20)	82	TX17087	2FALP71W2TX121628	1996	FORD
21)	SC01	TX17127	1LNLM82WXVY728351	1997	LINC
22)		TX17129	1J4FT28S7ML569705	1991	JEEP
23)	90	TX17131	2FALP71W7VX181861	1997	FORD
24)	15	TX17150	2FALP71W6RX193683	1994	FORD
25)	73	TX17316	1G1ML52WXRR120582	1994	CHEV
26)	49	TX17329	2FALP71W9SX183235	1995	FORD
27)	6	TX17349	2FALP71W4TX151276	1996	FORD
28)	35	TX17357	2FALP71W1TX135469	1996	FORD
29)	30	TX17361	2FACP74W8NX142935	1992	FORD
30)	24	TX17373	2FALP71W2RX136395	1994	FORD

Charleson Transportation
Leasing, LLC



**South Carolina Department of Motor Vehicles
Self Insured Certification**

**CHARLESTON TRANSPORTATION
LEASING, LLC**

Has been approved as a Self-Insurer for: Bodily Injury, Property Damage and Uninsured Motorist under the South Carolina Motor Vehicle Financial Responsibility Act.

Certification is granted under the conditions set forth under political subdivisions and may be cancelled by the Department as provided in Section 56-9-60 of the 1976 South Carolina Code of Laws, as amended.

Effective Dates : June 30, 2005 to June 30, 2006

S.I. No. 28

Marcia A. Delano

Director

Sep 07 05 01:01p

DALLAS BALL PC

8034541160

P.2

FROM : THOMAS LEE

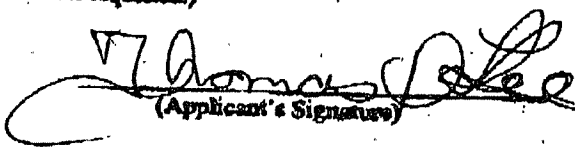
FAX NO. : 8436884301

Sep. 06 2005 01:26PM P2

EXHIBIT FWA

Name: Charleston Transportation Leasing, LLC
Address: 5840 RIVERS AVENUE, SUITE 102, N. CHARLESTON, SC 29405
Telephone No. 843-554-0087 Fax No. 843-688-4301
U.S.D.O.T. No. _____ ICC No. _____

1. Does Applicant have a Safety Rating from the U.S.D.O.T.?
Yes _____ No X Pending _____ (Submit when received)
(If "yes", indicate rating and provide copy) Satisfactory _____
Conditional _____
Unsatisfactory _____
2. Have any of Applicant's drivers or vehicles been placed "out of service" by Transport Police safety officers in the past twelve (12) months?
Yes _____ No X
3. Are there currently any outstanding judgement (s) against Applicant?
Yes _____ No X
(If "yes", indicate nature of judgement (s)).
4. Is Applicant familiar with all statutes and regulations, including safety regulations, governing for-hire motor carrier operations in South Carolina and does applicant agree to operate in compliance with these statutes and regulations?
Yes X No _____
5. Is the Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?
Yes X No _____ Applicant is self-insured
(The attached Insurance Quotes form must be completed, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide copy of insurance policies unless requested.)


(Applicant's Signature)

Sworn to before me

At _____

This 7 day of September, 2005
(Notary Public)Commission Expires: 8-20-2011

DALLAS D. BALL, P.C.

ATTORNEY AND COUNSELOR AT LAW

PO Box 419
Ballentine, SC 29002
lawnet@sc.rr.com

PERSONAL INJURY
FAMILY LAW
DIVORCE

Telephone: 803-454-1000
Facsimile: 803-454-1160

September 7, 2005

Street Address:
132 Harbison Blvd.
Suite 301-B
Columbia, SC 29212

2005-266-T

VIA HAND DELIVERY

Mr. Charles Terreni
Chief Clerk/Administrator
Public Service Commission of South Carolina
Post Office Drawer 11649
Columbia, SC 29211

RECEIVED
2005 SEP - 7 PM 3:47
SC PUBLIC SERVICE
COMMISSION

Re: Docket No. 2005-250-T-Application of Charleston Transportation Leasing, LLC

Dear Mr. Terreni:

Enclosed please find the Exhibit FWA for the above referenced application. Please call me at 454-1000 with any questions or comments.

Sincerely,

Dallas D. Ball

Dallas D. Ball

DDB:kc

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